

MAR 26 1975

**To Whom It May Concern:**

I, Mrs. \_\_\_\_\_ of Corpus Christi, Texas,  
(name) (city and state)  
being the next-of-kin of \_\_\_\_\_,  
(name)  
hereby authorize the disinterment and examination of the remains of my  
late father, \_\_\_\_\_, under  
(relationship) (name)  
the direction of the Center for Human Radiobiology of the Argonne National  
Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439, or its  
scientific successors, such disinterment and examination to be for the  
purposes of advancing medical and scientific research and education. I  
authorize the transportation of said remains to Argonne National Laboratory  
for the purpose of carrying out such examination and to retain such bone  
specimens as the scientific personnel may deem fit. Following examination,  
the remains will be returned for reinterment. The grave site will be restored  
to its original condition after disinterment and again after reinterment. All  
the above procedures will be accomplished at no cost to me.

RECEIVED

APR 02 '75

CHR RECORDS

Signature Mrs

Corpus Christi, Texas 78404

Address	City,	State
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Mar. 20, 1975

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Date

**Witness:**

Name mas. Address  City, Corpus Christi, Texas State